

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
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TOTAL IND.	1	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	14	↓	↓	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	15	↓	↓	↓	↓	↓	↓	↓	↓	↓